

**Please Read:** Consistent with the Family Educational Rights and Privacy Act (FERPA) of 1974, as amended in 34 CFR Part 99 (12/09/08), Concordia University Wisconsin has established this form to provide students with a vehicle to release FERPA protected information to a third part (e.g. parents, employer).

For a complete statement of student's rights under FERPA, you may obtain a copy through any one of the means listed below:

CUWAA website: <https://www.cuw.edu/ferpa> OR <https://www.cuaa.edu/ferpa>  
E-mail: registrar@cuw.edu OR cuaaregistrar@cuaa.edu  
Requests Through U.S. Mail: Concordia University  
Office of the Registrar, 12800 North Lake Shore Drive, Mequon, WI 53097

**This form must be submitted either in person to the Registrar's Office, by the student with a valid picture ID, or emailed to registrar@cuw.edu (CUW STUDENTS) or cuaaregistrar@cuaa.edu (CUAA STUDENTS) from the student's university issued email address. The form cannot be accepted if submitted via mail, fax or an outside email address.**

### Release of Student's Educational Record

Student Requesting record to be released \_\_\_\_\_ F00 \_\_\_\_\_  
print name Banner ID#

CUWAA Student's Home Address \_\_\_\_\_  
street  
\_\_\_\_\_ city state zip code

**Please release my educational record as initialed below to the following individual/party.**

Send to: Name(s) \_\_\_\_\_  
Address \_\_\_\_\_  
street  
\_\_\_\_\_ city state zip code

**Please release the following educational record(s) (student initials in each box). Note that this release is for one year. Student must resubmit this form every year.**

- Grades
- Student Conduct Records
- Student Aid Financial Records
- Student Account Records
- Academic Dishonesty Records
- Other (please be specific) \_\_\_\_\_
- I do not want directory information disclosed

**I, the undersigned student, give permission to release my educational record(s) as noted above to the individual/party listed above:**

Signed (student) \_\_\_\_\_ Date \_\_\_\_\_